U.S. District Court for the Northern District Of Illinois Attorney Appearance Form

Case Title:		Case Number:				
An appearance is hereby filed by the undersigned as attorney for:						
Attorney name (type	or print):					
Firm:						
Street address:						
City/State/Zip:						
Bar ID Number: (See item 3 in instructions				Number:		
Email Address:						
Are you acting as lead	d counsel in this case?				Yes	No
Are you acting as local counsel in this case?				Yes	No	
Are you a member of the court's trial bar?				Yes	No	
If this case reaches trial, will you act as the trial attorney			ey?		Yes	No
If this is a criminal case, check your status. Retained Counsel						
			Appointed Counsel If appointed counsel, are you		, are you	
			а		Defende	-
				CJA Pa	nel Attorr	ney
general bar or be granted I declare under penalty of	this Court an attorney must leave to appear <i>pro hac vic</i> perjury that the foregoing is as the same force and effec	e as provide true and co	ed fo	or by local ct. Under 2	rules 83.12 8 U.S.C.§1	through 83.14. 746, this
Executed on						
Attorney signature:	S/(Use electronic signature	if the appear	rand	ce form is	filed electro	onically.)

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Are you acting as loca	al counsel in this case?	•			Yes	No			
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			Appointed Counsel If appointed counsel, are you			are vou			
			а		Defender	, , , , , , , , , , , , , , , , , , ,			
CJA Pan				nel Attorney					
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Executed on									
Attorney signature:	S/(Use electronic signature	if the appea	aran	ce form is	filed electroni	ically.)			

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